

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2005

OLMS DATA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

6150

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Sean Harrigan

P.O. Box, Bldg., Room No., if any Suite 2A

Street 8530 Stanton Avenue

City Buena Park

State California ZIP Code + 4 90620-3930

4. Name, file number, and address of labor organization.

Name UFCW Region 8 States Council

Labor Organization File Number 533-806

P.O. Box, Building and Room Number, if any Suite 2A

Street 8530 Stanton Avenue

City Buena Park

State California ZIP Code + 4 90620-3930

5. Position in labor organization.

Executive Director

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/12/2005

Date

(714) 670-5580

Telephone Number

Name of Person Filing Sean Harrigan

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Winning Directions

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1366 San Mateo Avenue

City South San Francisco

State California

ZIP Code + 4 94040-6501

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provides membership communications.

11.b. Approximate dollar value of such dealing.

\$166,617

12.a. Nature of interest held or income received.

Business dinner on January 7, 2004.

12.b. Amount.

\$65

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name AFL-CIO Center for Working Capital

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 888-16th Street, NW

City Washington

State District of Columbia

ZIP Code + 4 20006-4103

14.a. Nature of payment.

Reimbursement of expenses to attend educational conference between June 2004 and July 2004.

13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

\$1,401

Name of Person Filing Sean Harrigan

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Blue Cross

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 21555 Oxnard Street

City Woodland Hills

State California ZIP Code + 4 91367-4943

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Unions and Food Employers Benefit Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6245 Katella Avenue

City Cypress

State California ZIP Code + 4 90630-5234

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

11.a. Nature of such dealing.

Provides health benefits to Council's affiliated Local Union's members.

Note: Dollar value of transactions not readily available to filer.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf on January 16, 2004.

12.b. Amount.

\$110

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name California Public Employee Retirement System

Trade Name, if any: CALPERS

P.O. Box, Bldg., Room No., if any

Street 400 - P Street

City Sacramento

State California ZIP Code + 4 95814-5345

14.a. Nature of payment.

Reimbursements for business travel expenses incurred as a CALPERS board member.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$22,598

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name California Public Employee Retirement System

Trade Name, if any: CALPERS

P.O. Box, Bldg., Room No., if any

Street 400 - P Street

City Sacramento

State California ZIP Code + 4 95814-5345

14.a. Nature of payment.

Airfare costs associated with business travel as a CALPERS board member that was paid directly to credit card company by CALPERS.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$13,178

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name California State Personnel Board

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 94420

Street

City Sacramento

State California ZIP Code + 4 94299-0001

14.a. Nature of payment.

Salary and health benefits received as a board member of the California State Personnel Board.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$38,111

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name California State Personnel Board

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 94420

Street

City Sacramento

State California ZIP Code + 4 94299-0001

14.a. Nature of payment.

Reimbursements for business travel expenses incurred as a board member of the California State Personnel Board.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$2,554

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Nat'l Employees Benefits Administrators Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 202

Street 7950 N.W. 53rd Street

City Miami

State Florida ZIP Code + 4 33166-4653

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name United Food & Commercial Wkrs Allied Trades

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8530 Stanton Avenue

City Buena Park

State California ZIP Code + 4 90620-3930

11.a. Nature of such dealing.

Employee benefit plan third party administrator.

11.b. Approximate dollar value of such dealing.

\$176,887

12.a. Nature of interest held or income received.

Golf on October 31, 2004.

12.b. Amount.

\$85